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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/591,452
	Filing Date	07-02-2007
	First Named Inventor	Peter Mülleijans
	Title	Ostomy System
	Art Unit	3761
	Examiner Name	CHAPMAN, GINGER T
	Attorney Docket Number	2003048-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature	/Daniel Chapik/	Date	18 December 2009
Name	Daniel Chapik	Telephone	612-344-2376
Title and Company	Director and Chief Patent Counsel, Coloplast Corp/Coloplast A/S		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☐ *Total of _____ forms are submitted.

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